

PATENT COOPERATION TREATY

From the RECEIVING OFFICE

PCT

| | | |
|-----|---|--|
| To: | Gerli, Paolo NOTARBARTOLO & GERVASI S.P.A. Corso di Porta Vittoria, 9 I-20122 Milano ITALIE | |
| | NOTARBARTOLO & GERVASI MILANO R E C E I V E D <i>AP 19 GEN. 2004</i> AK/DZ | |

NOTIFICATION OF THE INTERNATIONAL APPLICATION NUMBER AND OF THE INTERNATIONAL FILING DATE

(PCT Rule 20.5(c))

| | | |
|---|---|---|
| Applicant's or agent's file reference 3603PTWO/DZ | Date of mailing (day/month/year) 15. 01. 2004 | |
| International application No. PCT/EP 03/ 12781 | International filing date (day/month/year) 14/11/2003 | Priority date (day/month/year) 15/11/2002 |
| Applicant DANIELI & C. OFFICINE MECCANICHE S.P.A. | | |
| Title of the invention | | |

IMPORTANT NOTIFICATION

1. The applicant is hereby notified that the international application has been accorded the international application number and the international filing date indicated above.
2. The applicant is further notified that the record copy of the international application was transmitted to the International Bureau on the above date of mailing.
3. Other: _____

* The International Bureau monitors the transmittal of the record copy by the receiving Office and will notify the applicant (with Form PCT/IB/301) of its receipt. Should the record copy not have been received by the expiration of 14 months from the priority date, the International Bureau will notify the applicant (Rule 22.1(c)).

| | |
|--|--|
| Name and mailing address of the Receiving Office  European Patent Office, P.B. 5818 Patentlaan 2 NL-2280 HV Rijswijk Tel. (+ 31-70) 340-2040 Fax: (+ 31-70) 340-3016 | Authorized officer N. MAILLARD Tel.: (070) 340.28.55 The Hague |
|--|--|

Form PCT/RO/105 (Juli 1992)

BEST AVAILABLE COPY

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

PCT/EP03/12781
International Application No.

(14.11.2003)

14 NOV 2003

International Filing Date

OFFICE EUROPEEN DES BREVETS
DEMANDE INTERNATIONALE PCT

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) 3603PTWO/DZ

Box No. I TITLE OF INVENTION

An apparatus and process for the dry removal of the scale on the surface of metal products

Box No. II APPLICANT

This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

DANIELI & C. OFFICINE MECCANICHE S.p.A.
Via Nazionale 41
35042 BUTTRIO
ITALY

Telephone No.

Facsimile No.

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:
IT

State (that is, country) of residence:
IT

This person is applicant all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

PAVLICEVIC Milorad
Via Maniago 4/C
33100 UDINE
ITALY

This person is:

applicant only

applicant and inventor

inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
HR

State (that is, country) of residence:
IT

This person is applicant all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

agent

common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

GERLI Paolo
NOTARBARTOLO & GERVASI S.p.A.
Corso di Porta Vittoria 9
20122 MILAN - ITALY

Telephone No.

+39 025417991

Facsimile No.

+39 0254179920

Teleprinter No.

Agent's registration No. with the Office

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

POLONI Alfredo
Via G. Paolini 29
34070 FOGLIANO REDIPUGLIA
ITALY

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
ITState (that is, country) of residence:
ITThis person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

PRIMAVERA Alessandra
Via Tarcento 3
33040 FAEDIS
ITALY

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
ITState (that is, country) of residence:
ITThis person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

GUASTINI Fabio
Via Restocina 9/A
34070 DOLEGNA DEL COLLIO
ITALY

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
ITState (that is, country) of residence:
ITThis person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

SANZ LARA Alejandro
Via Santa Lucia 150/5
33013 GEMONA DEL FRIULI
ITALY

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
VEState (that is, country) of residence:
ITThis person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Further applicants and/or (further) inventors are indicated on another continuation sheet.

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

VECCHIET Fabio
Via Trieste 19
33059 VILLA VICENTINA
ITALY

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
ITState (that is, country) of residence:
IT

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No. V DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

Regional Patent

AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line)

EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT

EP European Patent: AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, HU Hungary, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, RO Romania, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT

OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

| | | |
|---|--|---|
| <input checked="" type="checkbox"/> AE United Arab Emirates | <input checked="" type="checkbox"/> HR Croatia | <input checked="" type="checkbox"/> OM Oman |
| <input checked="" type="checkbox"/> AG Antigua and Barbuda | <input checked="" type="checkbox"/> HU Hungary | <input checked="" type="checkbox"/> PG Papua New Guinea |
| <input checked="" type="checkbox"/> AL Albania | <input checked="" type="checkbox"/> ID Indonesia | <input checked="" type="checkbox"/> PH Philippines |
| <input checked="" type="checkbox"/> AM Armenia | <input checked="" type="checkbox"/> IL Israel | <input checked="" type="checkbox"/> PL Poland |
| <input checked="" type="checkbox"/> AT Austria | <input checked="" type="checkbox"/> IN India | <input checked="" type="checkbox"/> PT Portugal |
| <input checked="" type="checkbox"/> AU Australia | <input checked="" type="checkbox"/> IS Iceland | <input checked="" type="checkbox"/> RO Romania |
| <input checked="" type="checkbox"/> AZ Azerbaijan | <input checked="" type="checkbox"/> JP Japan | <input checked="" type="checkbox"/> RU Russian Federation |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina | <input checked="" type="checkbox"/> KE Kenya | <input checked="" type="checkbox"/> SC Seychelles |
| <input checked="" type="checkbox"/> BB Barbados | <input checked="" type="checkbox"/> KG Kyrgyzstan | <input checked="" type="checkbox"/> SD Sudan |
| <input checked="" type="checkbox"/> BG Bulgaria | <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea | <input checked="" type="checkbox"/> SE Sweden |
| <input checked="" type="checkbox"/> BR Brazil | <input checked="" type="checkbox"/> KR Republic of Korea | <input checked="" type="checkbox"/> SG Singapore |
| <input checked="" type="checkbox"/> BY Belarus | <input checked="" type="checkbox"/> KZ Kazakhstan | <input checked="" type="checkbox"/> SK Slovakia |
| <input checked="" type="checkbox"/> BZ Belize | <input checked="" type="checkbox"/> LC Saint Lucia | <input checked="" type="checkbox"/> SL Sierra Leone |
| <input checked="" type="checkbox"/> CA Canada | <input checked="" type="checkbox"/> LK Sri Lanka | <input checked="" type="checkbox"/> SY Syrian Arab Republic |
| <input checked="" type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> LR Liberia | <input checked="" type="checkbox"/> TJ Tajikistan |
| <input checked="" type="checkbox"/> CN China | <input checked="" type="checkbox"/> LS Lesotho | <input checked="" type="checkbox"/> TM Turkmenistan |
| <input checked="" type="checkbox"/> CO Colombia | <input checked="" type="checkbox"/> LT Lithuania | <input checked="" type="checkbox"/> TN Tunisia |
| <input checked="" type="checkbox"/> CR Costa Rica | <input checked="" type="checkbox"/> LU Luxembourg | <input checked="" type="checkbox"/> TR Turkey |
| <input checked="" type="checkbox"/> CU Cuba | <input checked="" type="checkbox"/> LV Latvia | <input checked="" type="checkbox"/> TT Trinidad and Tobago |
| <input checked="" type="checkbox"/> CZ Czech Republic | <input checked="" type="checkbox"/> MA Morocco | <input checked="" type="checkbox"/> TZ United Republic of Tanzania |
| <input checked="" type="checkbox"/> DE Germany | <input checked="" type="checkbox"/> MD Republic of Moldova | <input checked="" type="checkbox"/> UA Ukraine |
| <input checked="" type="checkbox"/> DK Denmark | <input checked="" type="checkbox"/> MG Madagascar | <input checked="" type="checkbox"/> UG Uganda |
| <input checked="" type="checkbox"/> DM Dominica | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input checked="" type="checkbox"/> US United States of America |
| <input checked="" type="checkbox"/> DZ Algeria | <input checked="" type="checkbox"/> MN Mongolia | <input checked="" type="checkbox"/> UZ Uzbekistan |
| <input checked="" type="checkbox"/> EC Ecuador | <input checked="" type="checkbox"/> MW Malawi | <input checked="" type="checkbox"/> VC Saint Vincent and the Grenadines |
| <input checked="" type="checkbox"/> EE Estonia | <input checked="" type="checkbox"/> MX Mexico | <input checked="" type="checkbox"/> VN Viet Nam |
| <input checked="" type="checkbox"/> ES Spain | <input checked="" type="checkbox"/> MZ Mozambique | <input checked="" type="checkbox"/> YU Serbia and Montenegro |
| <input checked="" type="checkbox"/> FI Finland | <input checked="" type="checkbox"/> NI Nicaragua | <input checked="" type="checkbox"/> ZA South Africa |
| <input checked="" type="checkbox"/> GB United Kingdom | <input checked="" type="checkbox"/> NO Norway | <input checked="" type="checkbox"/> ZM Zambia |
| <input checked="" type="checkbox"/> GD Grenada | <input checked="" type="checkbox"/> NZ New Zealand | <input checked="" type="checkbox"/> ZW Zimbabwe |
| <input checked="" type="checkbox"/> GE Georgia | | |
| <input checked="" type="checkbox"/> GH Ghana | | |
| <input checked="" type="checkbox"/> GM Gambia | | |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

EG Egypt

BW Botswana

.....

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

| Box No. VI PRIORITY CLAIM | | | | |
|---|--|--|------------------------|--|
| The priority of the following earlier application(s) is hereby claimed: | | | | |
| Filing date of earlier application (day/month/year) | Number of earlier application | Where earlier application is: | | |
| | | national application: country or Member of WTO | regional application:* | international application: receiving Office |
| item (1) 15 November 2002 (15 11 2002) | MI2002A002424 | ITALY | | |
| item (2) | | | | |
| item (3) | | | | |
| item (4) | | | | |
| item (5) | | | | |
| <input type="checkbox"/> Further priority claims are indicated in the Supplemental Box. | | | | |
| The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (<i>only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office</i>) identified above as: | | | | |
| <input type="checkbox"/> all items <input type="checkbox"/> item (1) <input type="checkbox"/> item (2) <input type="checkbox"/> item (3) <input type="checkbox"/> item (4) <input type="checkbox"/> item (5) <input type="checkbox"/> other, see Supplemental Box | | | | |
| * <i>Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):</i> | | | | |
| Box No. VII INTERNATIONAL SEARCHING AUTHORITY | | | | |
| Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used): | | | | |
| ISA / | | | | |
| Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority): | | | | |
| Date (day/month/year) | Number | Country (or regional Office) | | |
| 02.07.2003 | RS 109732 IT | EP | | |
| Box No. VIII DECLARATIONS | | | | |
| The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration): | | | | Number of declarations |
| <input type="checkbox"/> Box No. VIII (i) | Declaration as to the identity of the inventor | : | | |
| <input type="checkbox"/> Box No. VIII (ii) | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent | : | | |
| <input type="checkbox"/> Box No. VIII (iii) | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | : | | |
| <input checked="" type="checkbox"/> Box No. VIII (iv) | Declaration of inventorship (only for the purposes of the designation of the United States of America) | 2 | | |
| <input type="checkbox"/> Box No. VIII (v) | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty | : | | |

Sheet No. 6

Box No. VIII (iv) DECLARATION: INVENTORSHIP (only for the purposes of the designation of the United States of America)
 The declaration must conform to the following standardized wording provided for in Section 214; see Notes to Boxes Nos. VIII, VIII (i) to (v) (in general) and the specific Notes to Box No. VIII (iv). If this Box is not used, this sheet should not be included in the request.

**Declaration of inventorship (Rules 4.17(iv) and 51bis.1(a)(iv))
 for the purposes of the designation of the United States of America:**

I hereby declare that I believe I am the original, first and sole (if only one inventor is listed below) or joint (if more than one inventor is listed below) inventor of the subject matter which is claimed and for which a patent is sought.

This declaration is directed to the international application of which it forms a part (if filing declaration with application).

This declaration is directed to international application No. PCT/..... (if furnishing declaration pursuant to Rule 26ter).

I hereby declare that my residence, mailing address, and citizenship are as stated next to my name.

I hereby state that I have reviewed and understand the contents of the above-identified international application; including the claims of said application. I have identified in the request of said application, in compliance with PCT Rule 4.10, any claim to foreign priority, and I have identified below, under the heading "Prior Applications," by application number, country or Member of the World Trade Organization, day, month and year of filing, any application for a patent or inventor's certificate filed in a country other than the United States of America, including any PCT international application designating at least one country other than the United States of America, having a filing date before that of the application on which foreign priority is claimed.

Prior Applications: MI2002A002424 filed 15 November 2002

I hereby acknowledge the duty to disclose information that is known by me to be material to patentability as defined by 37 C.F.R. § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the PCT international filing date of the continuation-in-part application.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name: Milorad PAVLICEVIC

Residence: UDINE - ITALY

(city and either US state, if applicable, or country)

Mailing Address: Via Maniago 4/C - 33100 UDINE - ITALY

Citizenship: Croatian

Inventor's Signature: *Milorad PAVLICEVIC*

(if not contained in the request, or if declaration is corrected or added under Rule 26ter after the filing of the international application. The signature must be that of the inventor, not that of the agent)

Date: 08.09.2003

(of signature which is not contained in the request, or of the declaration that is corrected or added under Rule 26ter after the filing of the international application)

Name: Alfredo POLONI

Residence: FOGLIANO REDIPUGLIA - ITALY

(city and either US state, if applicable, or country)

Mailing Address: Via G. Paolini 29 - 34070 FOGLIANO REDIPUGLIA - ITALY

Citizenship: Italian

Inventor's Signature: *Alfredo POLONI*

(if not contained in the request, or if declaration is corrected or added under Rule 26ter after the filing of the international application. The signature must be that of the inventor, not that of the agent)

Date: 08.09.2003

(of signature which is not contained in the request, or of the declaration that is corrected or added under Rule 26ter after the filing of the international application)

This declaration is continued on the following sheet, "Continuation of Box No. VIII (iv)".

Continuation of Box No. VIII (i) to (v) DECLARATION

If the space is insufficient in any of Boxes Nos. VIII (i) to (v) to furnish all the information, including in the case where more than two inventors are to be named in Box No. VIII (iv), in such case, write "Continuation of Box No. VIII (i) to (v)" (indicate the item number of the Box) and furnish the information in the same manner as required for the purposes of the Box in which the space was insufficient. If additional space is needed in respect of two or more declarations, a separate continuation box must be used for each such declaration. If this Box is not used, this sheet should not be included in the request.

CONTINUATION OF BOX NO. VIII (iv) DECLARATION: INVENTORSHIP

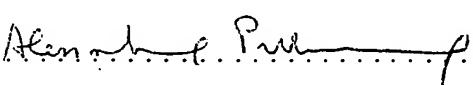
Name: Alessandra PRIMAVERA

Residence: UDINE - ITALY

(city and either US state, if applicable, or country)

Mailing Address: ~~Maxximilian 52 xx 33100 UDINE ITALY~~ Via Tarcento 3-33040 FEADIS

Citizenship: Italian

Inventor's Signature: 

Date: 08.09.2003

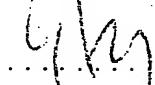
Name: Fabio GUASTINI

Residence: Via Restocina 9/A - 34070 DOLEGNA DEL COLLIO - ITALY

(city and either US state, if applicable, or country)

Mailing Address: as above

Citizenship: Italian

Inventor's Signature: 

Date: 08.09.2003

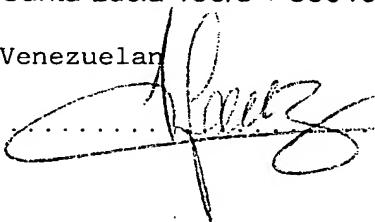
Name: Alejandro SANZ LARA

Residence: GEMONA - ITALY

(city and either US state, if applicable, or country)

Mailing Address: Via Santa Lucia 150/5 - 33013 GEMONA - ITALY

Citizenship: ~~Spanish~~ Venezuelan

Inventor's Signature: 

Date: 08.09.2003

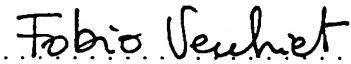
Name: Fabio VECCHIET

Residence: VILLA VICENTINA - ITALY

(city and either US state, if applicable, or country)

Mailing Address: Via Trieste 19 - 33059 VILLA VICENTINA - ITALY

Citizenship: Italian

Inventor's Signature: 

Date: 08.09.2003

Box No. IX CHECK LIST; LANGUAGE OF FILING

| | | | | |
|--|-----------|--|--|-----------------|
| This international application contains: | | This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item): | | Number of items |
| (a) in paper form, the following number of sheets: | | | | |
| request (including declaration sheets) | : 8 | <input type="checkbox"/> fee calculation sheet | | : |
| description (excluding sequence listings and/or tables related thereto) | : 26 | <input checked="" type="checkbox"/> original separate power of attorney | | : 2 |
| claims | : 6 | <input type="checkbox"/> original general power of attorney | | : |
| abstract | : 1 | <input type="checkbox"/> copy of general power of attorney; reference number, if any: | | : |
| drawings | : 20 | <input type="checkbox"/> statement explaining lack of signature | | : |
| Sub-total number of sheets | 61 | <input checked="" type="checkbox"/> priority document(s) identified in Box No. VI as item(s): 1 | | : 1 |
| sequence listings | : | <input type="checkbox"/> translation of international application into (language): | | : |
| tables related thereto | : | <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material | | : |
| (for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below) | | <input type="checkbox"/> sequence listings in computer readable form (indicate type and number of carriers) | | : |
| Total number of sheets | 61 | (i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) | | : |
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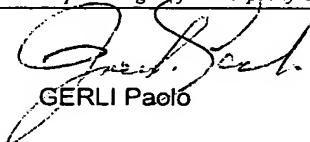
Figure of the drawings which should accompany the abstract:

Language of filing of the international application:

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Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).



GERLI Paolo

Milan, 14 November 2003

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